

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1373 / 1376

(check only one)

17 18 19a 19b 20a 20b
 20c 21

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NAME OF COMMITTEE (In Full)

Tammy for Illinois

Full Name (Last, First, Middle Initial) Linda Clark		Date of Disbursement 12 / 20 / 2015	
Mailing Address 221 Pelham Rd		Amount of Disbursement this Period 500.00	
City Philadelphia	State PA	Zip Code 19119-2624	Transaction ID: VN7ME9VDK29
Purpose of Disbursement Refund of Contribution		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) Tim Disney		Date of Disbursement 11 / 22 / 2015	
Mailing Address 5301 Rosewood Ave		Amount of Disbursement this Period 1000.00	
City Los Angeles	State CA	Zip Code 90004-3029	Transaction ID: VN7ME9VCBP2
Purpose of Disbursement Refund of Contribution		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) Kathleen Donaghue		Date of Disbursement 11 / 29 / 2015	
Mailing Address 17 Gary Cir		Amount of Disbursement this Period 250.00	
City Westborough	State MA	Zip Code 01581-1809	Transaction ID: VN7ME9VCJF2
Purpose of Disbursement Refund of Contribution		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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